

<b>Case Number:</b>	CM15-0044180		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30 year old female who sustained a worked related injury June 11, 2014, after a twisting injury, as well as a slip to the floor and her left knee gave out. An MRI of the left knee, dated July 1, 2014, revealed a suspicion for lateral meniscal tear and contusion and edema of the anterior cruciate ligament and lateral collateral ligament. According to a primary treating physician's progress report, dated February 2, 2015, the injured worker presented with left knee swelling, tenderness to palpation superior lateral patellar, and mild crepitus; range of motion 10-130 degrees. She has had (12) sessions of physical therapy with some improvement. Diagnosis is documented as s/p left knee diagnostic arthroscopy, partial lateral meniscectomy, synovectomy and chondroplasty of the lateral tibial plateau, November 6, 2014. Treatment plan included request for additional physical therapy 3 x 4, left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy, 12 treatments, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Medical documentation provided indicate this patient has already attended physical therapy sessions. The treating physician has not provided documentation of objective functional improvement from the previous therapy sessions. As such, the request for Physical therapy, 12 treatments, left knee is not medically necessary.